



Federal Update for September 29 – Oct. 3, 2014



VA Announces Awardees of Grants that Support Disabled Veterans in Adaptive Sports

WASHINGTON – Secretary of Veterans Affairs Robert A. McDonald today announced the award of approximately \$8 million in grants to provide adaptive sports opportunities for disabled Veterans and disabled Servicemembers of the Armed Forces. Adaptive sports are those sports that have been created or modified for persons with disabilities.

“Partnering with national, regional, and community-based non-profit organizations allows VA to provide rehabilitative adaptive sports opportunities to our disabled Veterans and Service members all across the country,” said Secretary McDonald. “Disabled Veterans who participate in adaptive sports improve their health and quality of life, make new friendships and discover that physical rehabilitation healing comes in many forms and can also be great fun.”

The new program provides grants to eligible entities to plan, develop, manage and implement programs to provide adaptive sports activities for disabled Veterans and disabled members of the Armed Forces. Funding may be used for such things as training, program development, recreation therapists, coaches, sports equipment, supplies, program evaluation and other activities related to program implementation and operation.

The grants will be distributed to 69 national, regional and community programs serving all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and American Samoa. Approximately 10,000 Veterans and Servicemembers are expected to benefit.

Information about the awardees and details of the program may be found at www.va.gov/adaptivesports.

VA to Make Phoenix Whistleblowers Whole

WASHINGTON – Secretary of Veterans Affairs Robert McDonald today announced that the Department of Veterans Affairs (VA), working closely with the U.S. Office of Special Counsel (OSC), has successfully resolved whistleblower retaliation complaints filed by three individuals from Phoenix.

“At VA, we take whistleblower complaints seriously and will not tolerate retaliation against those who raise issues which may enable VA to better serve Veterans,” said McDonald. “We depend on VA employees and leaders to put the needs of Veterans first and honor VA’s core values of ‘Integrity, Commitment, Advocacy, Respect and Excellence.’”

Based on the validity of their claims of retaliation, each whistleblower has settled their complaint with VA and two have accepted new positions within the Department.

Working with OSC, VA has taken several steps to strengthen whistleblower protection and enhance accountability within the organization. VA leadership has sent a message to all VA employees regarding the importance of whistleblower protection, has emphasized that managers and supervisors bear a special responsibility for enforcing whistleblower protection laws and has met with employees at VA Medical Centers across the country to reemphasize that message.

Additionally, VA is committed to achieving compliance with the OSC 2302 (c) Certification program, and has established the Office of Accountability Review with a direct reporting line to the Secretary. Its charter is to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation and related matters that impact public trust in VA.

VA Updates Disability Claims Application

The Department of Veterans Affairs (VA) today announced that it is introducing a uniformed disability claims form to better serve Veterans, families and survivors. Standardizing the process by which Veterans file claims and initiate appeals will make it easier for Veterans and their survivors to clearly state what benefits they

are seeking from VA and provide information that is necessary to process their claims and appeals. The new forms eliminate applicant guesswork, which often leads to delays in decisions and ultimately delays in receiving benefits. The new regulations go into effect in late March 2015.

“We must do everything that we can to make it as fast and easy as possible for Veterans and their survivors to file for and receive an accurate decision on their claim,” said VA Secretary Robert McDonald. “Our Veterans and survivors will know, at the outset of the claims process, what is needed, which removes subjective interpretation from the process. We want to eliminate any barriers that make it difficult for our Veterans or survivors to receive benefits to which they are entitled.”

In the past, a Veteran or survivor did not have to use a certain form to seek compensation or other benefits from VA. Claims or appeals (Notice of Disagreement) could be submitted on any piece of paper which caused delays due to missing information.

By using standard forms for all disability claims, VA can more quickly and accurately identify what the Veteran is claiming or appealing. This will allow VA to immediately move on to next steps in the evidence-gathering and decision-making process, which saves administrative processing time and speeds the delivery of earned benefits. The existing process is also inconsistent with most, if not all, other government and non-government application processes, such as applying for social security, applying for a driver’s license, applying for a job or filing for an income tax refund.

“These days, government agencies and private businesses rely on standard forms to deliver faster and more accurate customer service,” said Under Secretary for Benefits Allison A. Hickey. “VA’s ability to deliver better customer service requires the use of standard forms as well. That is why we worked extensively with our partners in the Veterans community to streamline the way we process claims while preserving the effective date rules concerning informal claims through the creation of a new *intent to file a claim* process.”

The updated process also includes standardizing the traditional informal claims process by employing a new “Intent to File a Claim” process which affords the

Veteran or survivor one year to compile the necessary documentation or evidence to support the claim while preserving an effective date of claim.

Two VA Scientists Honored with Awards for Groundbreaking Work on Spinal Cord Injuries

WASHINGTON – In the past, spinal cord injuries often meant a death sentence for patients – not because of the injury itself, but because of the complications caused as a result of the injury. But thanks to the work of two Veterans Affairs scientists and researchers at the Department of Veterans Affairs (VA), many paralyzed Veterans now have a reason for hope. And a way to live.

Last night, William A. Bauman, M.D., and Ann M. Spungen, Ph.D., Director and Associate Director of VA's Rehabilitation Research & Development National Center of Excellence for the Medical Consequences of Spinal Cord Injury were awarded the prestigious Samuel J. Heyman Science and Environment Medal, also known as the "Sammies."

The Science and Environment Medal is awarded to federal employees who have made a significant contribution to the nation. The pair of VA researchers, who have been working together for a quarter of a century, were recognized in a ceremony in the Andrew Mellon Auditorium in Washington, D.C. VA Secretary Robert McDonald presented Bauman and Spungen their awards.

"Many of our facilities perform groundbreaking work, which serves as a model for healthcare research across the nation," said Secretary McDonald. "I am proud of William and Ann. Any research institution would be proud to have these leading scientists, but they have chosen to dedicate their careers to serving Veterans at VA, and we are proud to call them our own."

In 2001, Bauman and Spungen established the VA's Rehabilitation Research & Development National Center of Excellence for the Medical Consequences of Spinal Cord Injury in Bronx, NY, where Spungen most recently tested a new bionic walking assistance system that enables individuals with paralysis to stand, walk, and climb stairs.

As part of their collaboration, Bauman and Spungen have made great progress in understanding the effects of spinal cord injury on the body. Their work led to the conclusion that persons with spinal cord injury are at a markedly increased risk for heart disease. They were also the first to describe, and then treat, an asthma-like lung condition common in those with higher levels of paralysis. They have developed approaches to make it easier for paralyzed patients to undergo successful colonoscopies. With other researchers in their unit, Bauman and Spungen formulated novel drug combinations to raise low blood pressure, and they have overseen the development of treatments to reduce bone loss shortly after spinal cord injury. Their work has advanced our understanding and treatment of chronic, non-healing pressure ulcers. Researchers under their direction also are making strides toward improving understanding of body temperature regulation and the effect of swings in body temperature on one's ability to think.

Bauman has worked at the Bronx VA hospital for 35 years, starting in the laboratory of the late Rosalyn Sussman Yalow, VA physicist and Nobel Prize winner. Bauman said he made up his mind from the start to devote himself to patients with spinal cord injury who, at the time, were largely marginalized and overlooked by physicians with training in general medicine.

"I would say our center's greatest accomplishment has been to identify problems in persons with spinal cord injury that no one had appreciated prior to our work, and then to develop successful approaches to solve them," Bauman said. "Prior to our work, many of these problems were not realized to be important, or were ignored because it seemed that nothing could be done to improve them." Spungen said she can recall being captivated by the sense of civic duty pervading Bauman's energetic sphere of medical research activity at the hospital.

"I got to the VA and met these incredible scientists and investigators who were here working for the Veterans and who were so intelligent, so open, and so kind. I just became enamored with the entire atmosphere and dug in, and I have been here ever since," Spungen said.

Robert Ruff, national director for neurology at the Department of Veterans Affairs, said the work of Bauman and Spungen has had a wide-ranging impact. "The research is relevant not only to people with spinal cord injury, but to a larger

population who are immobilized, from those with ALS to cancers, muscular dystrophy, multiple sclerosis, dementia or Parkinson's disease," Ruff added. The Service to America Medals are presented by the Partnership for Public Service. This year, eight award winners were chosen from 33 finalists and almost 400 nominees. The 2014 selection committee included CEO Alberto Ibarguen of the Knight Foundation, Maryland Senator Benjamin Cardin, and Georgetown University President John DeGioia.

Land-Use Agreements: Department of Veterans Affairs Needs to Improve Data Reliability and Monitoring

What GAO Found

According to the Department of Veterans Affairs' (VA) Capital Asset Inventory system—the system VA utilizes to record land-use agreements and revenues—VA had hundreds of land-use agreements with tens of millions of dollars in estimated revenues for fiscal year 2012, but GAO's review raised questions about the reliability of those data. For example, one land-use agreement was recorded 37 times, once for each building listed in the agreement, 13 agreements terminated before fiscal year 2012 had not been removed from the system, and more than \$240,000 in revenue from one medical center had not been recorded. VA relies on local medical center staff to enter data timely and accurately, but lacks a mechanism for independently verifying the data. Implementing such a mechanism and working with medical centers to make corrections as needed would better position VA to reliably account for its land-use agreements and the associated revenues they generate.

GAO found weaknesses in the billing and collection processes for land-use agreements at three selected VA medical centers due primarily to ineffective monitoring. For example, VA incorrectly billed its sharing partners for 14 of 34 agreements at the three centers, which resulted in VA not billing \$300,000 of the nearly \$5.3 million owed. In addition, at the New York center, VA had not billed a sharing partner for several years' rent that totaled over \$1 million. VA began collections after discovering the error; over \$200,000 was outstanding as of April 2014. VA stated that it did not perform systematic reviews of the billing and collection practices at the three centers and had not established mechanisms to

do so. VA officials at the New York and North Chicago centers stated that information is also not timely shared on the status of agreements with offices that perform billing due to lack of collaboration. Until VA addresses these issues, VA lacks assurance that it is collecting the revenues owed by its sharing partners. VA did not effectively monitor many of its land-use agreements at two of the centers. GAO found problems with unenforced agreement terms, expired agreements, and instances where land-use agreements did not exist. Examples include the following:

- In West Los Angeles, VA waived the revenues in an agreement with a nonprofit organization—\$250,000 in fiscal year 2012 alone—due to financial hardship. However, VA policy does not allow revenues to be waived.
- In New York, one sharing partner—a local School of Medicine—with seven expired agreements remained on the property and occupied the premises without written authorization during fiscal year 2012.
- The City of Los Angeles has used 12 acres of VA land for recreational use since the 1980s without a signed agreement or payments to VA. An official said that VA cannot negotiate agreements due to an ongoing lawsuit brought on behalf of homeless veterans about its land-use agreement authority.

VA does not perform systematic reviews and has not established mechanisms to do so, thus hindering its ability to effectively monitor its agreements and use of its properties.

Why GAO Did This Study

VA manages one of the nation's largest federal property portfolios. To manage these properties, VA uses land-use authorities that allow VA to enter into various types of agreements for the use of its property in exchange for revenues or in-kind considerations. GAO was asked to examine VA's use of land-use agreements. This report addresses the extent to which VA (1) maintains reliable data on land-use agreements and the revenue they generate, (2) monitors the billing and collection processes at selected VA medical centers, and (3) monitors land-use

agreements at selected VA medical centers. GAO analyzed data from VA's database on its land-use agreements for fiscal year 2012, reviewed agency documentation, and interviewed VA officials. GAO also visited three medical centers to review the monitoring of land-use agreements and the collection and billing of the associated revenues. GAO selected medical centers with the largest number of agreements or highest amount of estimated revenue. The site visit results cannot be generalized to all VA facilities.

What GAO Recommends

GAO is making six recommendations to VA including recommendations to improve the quality of its data, foster collaboration between key offices, and enhance monitoring. VA concurred with the recommendations.

Veterans Affairs: Better Understanding Needed to Enhance Services to Veterans Readjusting to Civilian Life

What GAO Found

While many veterans who served in the military after September 11, 2001, have successfully readjusted to civilian life with minimal difficulties in the first few years after they were discharged, others have experienced difficulties, according to veterans GAO heard from in discussion groups and studies GAO reviewed. These readjustment difficulties include financial and employment, relationships, legal, homelessness, and substance abuse. According to VA's strategic plan, one of its strategic objectives is to improve veteran wellness and economic security, and it states that the ultimate measure of VA's success is the veteran's success after leaving military service. However, there is limited and incomplete data to assess the extent to which veterans experience readjustment difficulties. Therefore, it is not known to what extent veterans are facing one or a combination of problems when they readjust to civilian life. There is relatively more information available on the number of veterans who had a physical or mental condition within a few years of leaving the military. For example, one 2010 study shows that 32 percent of recently-separated veterans were diagnosed by either the Department of Defense (DOD) or the Department of Veterans Affairs (VA) with a disease or injury of the musculoskeletal system. In this and other studies reviewed by GAO, estimates for Post-Traumatic Stress Disorder (PTSD) varied from 10 to 12 percent.

According to these studies, some groups of veterans--those who had served in combat and younger veterans--were more likely than others to experience readjustment difficulties or be diagnosed with a mental health condition.

While an array of VA benefits and services are available during a veteran's first few years out of the military, GAO has identified long-standing challenges with VA's delivery and management of this support. Specifically, VA provides a wide range of services and benefits through several programs, such as education, health care, counseling, employment, home loans, and insurance. VA informs veterans of these benefits and services before they leave military service through outreach and education. However, GAO's prior work over the last decade has shown that VA has struggled for years to, among other issues, (1) provide timely access to medical appointments, (2) make timely disability compensation decisions, and (3) coordinate the transfer of medical records from DOD. GAO has made numerous prior recommendations to address these issues, and VA has taken some actions to implement them; however, some recommendations remain unaddressed, and GAO continues to monitor VA's progress. Agency officials and veterans GAO spoke with during this review suggested additional actions that VA can implement to improve its assistance for transitioning veterans. For example, a few VA staff suggested that VA conduct additional research to identify veterans who are predisposed to PTSD and better understand why some veterans do not use VA services. Veterans at all of the sites GAO visited suggested that it would be beneficial for separating servicemembers to have additional time to adjust to the idea of being a civilian and relearning what civilian life is like. Without comprehensive information on the difficulties experienced by recently-separated veterans, VA cannot assess risks to achieving its objectives and may be missing opportunities to enhance assistance to veterans by not providing needed services early in the veteran's readjustment process. GAO recommends that VA take steps to better understand the difficulties faced by readjusting veterans and use this information to determine how best to enhance its benefits and services for these veterans. VA concurred with GAO's recommendation and described its recent efforts and plans for improvement.

Why GAO Did This Study

Over the next 6 years, over 1 million servicemembers are expected to leave the military. As was the case with past generations of veterans, the transition from military to civilian life can be challenging for post-9/11 veterans as well. Over the

last several years, veterans' struggles to successfully readjust to civilian life have been the subject of numerous Congressional hearings.

Providing support and services for transitioning veterans is a key issue facing the nation. This report examines what is known about (1) the extent to which veterans experience difficulties during their readjustment to civilian life; and (2) how VA assists veterans in their readjustment, as well as what challenges and opportunities exist. GAO conducted a literature search, interviewed VA and DOD officials, and held eight nongeneralizable discussion groups with a total of 45 veterans and family members. GAO also conducted interviews with relevant officials at VA facilities in four states. GAO selected these sites based on diversity of military service branches in a local area, geography, a high concentration of veterans, and proximity to VA resources.

What GAO Recommends

GAO recommends that VA take steps to better understand the difficulties faced by readjusting veterans and use this information to determine how best to enhance its benefits and services for these veterans. VA concurred with GAO's recommendation and described its recent efforts and plans for improvement.

Department of Veterans Affairs Partners with Walgreens to Expand Real-Time Sharing of Medical Information of Vaccines Provided by Walgreens to Enrolled Veterans

WASHINGTON, D.C. – In a first-of-its-kind partnership, the Department of Veterans Affairs (VA) today announced that it will join forces with retailer Walgreens to provide greater access to Centers for Disease Control and Prevention-recommended vaccinations to Veterans across the country. This partnership grew out of a successful pilot program that began in Florida to provide flu vaccines to Veterans throughout the state. Based on those results, VA is expanding the pilot nationwide.

Through its nearly 8,200 locations nationwide, Walgreens will offer flu and other recommended vaccinations to Veterans. Pharmacists can administer vaccinations

to Veterans and will leverage eHealth Exchange, through its Walgreens Cloud Electronic Health Records platform, to securely share immunization records with VA to help ensure complete patient medical records.

Vaccinations are available daily during all pharmacy hours with no appointment necessary and are subject to availability.

“VA is proud to partner with Walgreens to provide needed vaccines to our nation’s Veterans,” said VA Secretary Robert A. McDonald. “This partnership is a great example of how government and the private sector can work together to effectively and efficiently provide Veterans the care and benefits that they've earned.”

“Walgreens is committed to supporting our Veterans, and we are proud to work with the Department of Veterans Affairs to provide convenient access to vaccines,” said Walgreens President and Chief Executive Officer Greg Wasson.

“This is an excellent opportunity for our pharmacists to help VA educate Veterans about the importance of vaccinations, to improve immunization rates through greater access and to contribute to helping veterans get, stay and live well.”

“The VA-Walgreens partnership gives Veterans greater choice in time and location for getting their flu shots without having to complete any other VA forms,” said Interim Under Secretary for Health, Dr. Carolyn Clancy. “With this program, the Veteran patient’s record is integrated, and VA maintains a complete immunization record that allows us to more effectively provide patient-centered care.”

Vaccines are subject to availability. Age, state and health related restrictions may apply. Many immunizations may be covered by commercial insurance plans, Medicare Part B or Medicare Part D. As part of this launch and under the agreement, VA funding can provide approximately 75,000 flu shots for enrolled veterans. Patients are encouraged to check with their health plan for specific coverage details. To find the nearest Walgreens, veterans can call 1-800-WALGREENS or visit www.walgreens.com. For more information about VA’s immunization program, visit <http://www.ehealth.va.gov/Immunization.asp>.

Compounded Drugs: TRICARE's Payment Practices Should be More Consistent with Regulations

What GAO Found

The Department of Defense's (DOD) TRICARE program paid for about 465,000 compounded drug prescriptions through its pharmacy benefit in fiscal year 2013; these prescriptions represented 0.3 percent of all prescription drugs paid for through TRICARE's pharmacy benefit in that year. Most of these compounded drug prescriptions were dispensed in retail pharmacies and to retirees and their family members. Compounded drug prescriptions paid for by TRICARE's pharmacy benefit cost \$259 million in fiscal year 2013—accounting for about 3 percent of the total cost of all prescription drugs paid for through TRICARE's pharmacy benefit—up from \$5 million in fiscal year 2004, and were largely driven by compounded drug prescriptions containing bulk drug substances. Bulk drug substances are typically raw powders that are generally not approved by the Food and Drug Administration (FDA)—the agency within the Department of Health and Human Services (HHS) responsible for assuring the safety and effectiveness of drugs and approving them for marketing in the United States. TRICARE could not identify compounded drug prescriptions paid for through its medical benefit, which pays for drugs administered to patients in outpatient or inpatient settings, because claim forms for outpatient and inpatient drugs lack specific billing codes. TRICARE's payment practices for certain compounded drugs under its pharmacy and medical benefit are inconsistent with TRICARE regulations and are typically more generous than those of Medicare and the Department of Veterans Affairs (VA). Through its pharmacy benefit, TRICARE pays for compounded drugs that contain bulk drug substances in a manner that is inconsistent with its regulations, which stipulate that TRICARE is to pay for FDA-approved drugs only. In contrast, Medicare and VA have more restrictive payment practices for compounded drugs provided through their pharmacy benefits. By paying for compounded drugs containing bulk drug substances, TRICARE incurred additional costs. DOD officials told us that they are considering denying payment for compounded drugs that include bulk drug substances. TRICARE also pays for compounded drugs administered to patients through its medical benefit but does not determine whether these drugs contain bulk drug substances, in which case payment practices may be inconsistent with TRICARE's regulations. TRICARE's payment practices for these drugs are similar to Medicare's, but more generous than VA's.

Though compounded drugs represent a small share of TRICARE's overall drug costs, its costs for these drugs have risen significantly in recent years. Moreover, because most of these drugs contain bulk drug substances generally not approved by FDA, TRICARE's practice of paying for them is inconsistent with its regulations and results in added costs for the program.

Why GAO Did This Study

DOD offers comprehensive health care coverage—pharmacy and medical benefits—to eligible beneficiaries through its TRICARE program. As part of its benefits package, TRICARE pays for compounded drugs. Traditionally, a drug is compounded through the process of mixing, combining, or altering ingredients, to create a customized drug tailored to the medical needs of an individual patient upon receipt of a prescription. Concerns exist about the safety and the rising costs of compounded drugs.

The National Defense Authorization Act for Fiscal Year 2014, mandated that GAO review TRICARE's payment for compounded drugs. For this report, GAO examined (1) the number and cost of compounded drugs paid for by TRICARE in fiscal year 2013, and (2) TRICARE's payment practices for compounded drugs and how they compare to other federal health care programs. GAO reviewed and analyzed TRICARE data on compounded drugs and reviewed, analyzed, and compared federal laws, regulations, and other documents pertaining to pharmacy and medical benefits under TRICARE, Medicare, and the VA health care system. GAO also interviewed program and contractor officials.

What GAO Recommends

GAO recommends that DOD align TRICARE's payment practices for compounded drugs with applicable regulations governing the TRICARE program. DOD concurred with GAO's recommendation and VA generally agreed with GAO's conclusions. HHS and VA provided technical comments that GAO incorporated as appropriate. For more information, contact John E. Dicken at (202) 512-7114 or dickenj@gao.gov.

POW/MIA Recoveries

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover

those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,822) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http://www.dtic.mil/dpmo/accounted_for. For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam – None

Korea

The Department of Defense POW/Missing Personnel Office (DPMO) announced 17 SEP that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Pfc. Arthur Richardson, 28, of Fall River, Mass., will be buried Sept. 18 in Arlington National Cemetery, Washington D.C. In January 1951, Richardson and elements of Company A, 1st Battalion, 19th Infantry Regiment (IR), 24th Infantry Division (ID), were deployed northeast of Seoul, South Korea, where they were attacked by enemy forces. During the attempt to delay the enemy forces from advancing, Richardson and his unit were moving towards a more defensible position, when his unit suffered heavy losses. It was during this attack that Richardson was reported missing. When no further information pertaining to Richardson was received and he failed to return to U.S. control during prisoner exchanges, a military review board reviewed his status in 1954, and changed it from missing in action to presumed dead. In 1956, his remains were declared unrecoverable. Between 1991 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to contain more than 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from the vicinity where Richardson was believed to have died. In the identification of

Richardson's remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and Armed Forces DNA Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, to include mitochondrial DNA, which matched his niece and grand-niece.

World War II

The Department of Defense POW/Missing Personnel Office (DPMO) announced 3 SEP that the remains of a U.S. serviceman, missing since World War II, have been identified and are being returned to his family for burial with full military honors. Army Pfc. Richard N. Bean, 24, Manassas, Va, will be buried 3 OCT on Quantico Va. On June 15, 1944, as part of an Allied strategic goal to secure the Marianas Islands, U.S forces were ordered to occupy Saipan. After a month of intense fighting, enemy forces conducted a suicide assault, known as a banzai attack. This was designed to inflict as many casualties as possible against the 105th Infantry Regiment (IR). 27th Infantry Division (ID). During these attacks elements of the 105th IR sustained heavy losses, with more than 900 soldiers killed or injured. Bean was reported missing in action on July 7, 1944. On July 8, 1945, with no information concerning Bean or 21 service members of the 105th IR, investigators issued a presumptive finding of death. In November 1948, the American Graves Registration Service (AGRS) reviewed the circumstances of Bean's loss and concluded his remains were nonrecoverable. In Sept. 2013, several Japanese non-government organizations, with oversight from a private archaeological company, recovered remains and personal effects belonging to American servicemen from a unmarked burial. The remains were turned over to the Joint POW/MIA Accounting command (JPAC). In the identification of Bean's remains, scientists from JPAC and the Armed forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools including dental comparisons and mitochondrial DNA, which matched to Bean's nephew.

[Source: http://www.dtic.mil/dpmo/news/news_releases/ Sep 28, 2014 ++]

VA Whistleblowers Update ► Retaliation Complaints Double

Complaints of retaliation against whistleblowers at the Department of Veterans Affairs more than doubled in recent months, according to an Atlanta Journal-Constitution analysis, and one of the highest profile VA whistleblowers claims he and the chief witness in his case have been subjected to retaliation in Atlanta. The

new claims from whistleblower Scott Davis, who testified before Congress in July, and the sharp increase in complaints from other VA whistleblowers to the U.S. Office of Special Counsel raise doubt about whether VA Secretary Robert McDonald can deliver on a pledge to end a hostile environment for employees who report trouble at the scandal-plagued agency.

Since June, the Office of Special Counsel, which investigates whistleblower claims from most of the federal bureaucracy, has received more than 80 new cases from VA employees alone, bringing the total number of active VA investigations the agency is pursuing to 125, by far the most of any federal agency.

“Our committee continues to receive reports of possible retaliation against whistleblowers to this day,” Rep. Jeff Miller (R-FL), chairman of the House Committee on Veterans’ Affairs, told the AJC in a strongly worded statement. “Until VA officials at all levels take aggressive action to fire all managers who have sought to punish employees for exposing fraud, waste and abuse within the system, I have no confidence VA’s shameful treatment of whistleblowers will end any time soon.” Davis testified before Miller’s committee in early July that he and other whistleblowers faced retaliation at the Health Eligibility Center in Atlanta, which processes veteran claims for health care access. He testified about contract mismanagement, a backlog of hundreds of thousands of pending health applications and the possible improper deletion of 10,000 others.

Since then, Davis said he’s received emails and communications from VA threatening disciplinary action and demands that he sign-away his rights to speak freely — all actions he views as harassment. More troubling, perhaps, Davis’ chief witness told the AJC that she’s now been retaliated against for supporting Davis and testifying in five investigations, including two by the VA’s Office of Inspector General. Melissa Mason, a management/program analyst, said she faced written disciplinary action this month by a supervisor at the Health Eligibility Center — the first time she’s been reprimanded in a 29-year career with the VA. “I knew they would come after me,” said Mason, who has provided emails to backup her claims but declined to comment on the case in detail.

Since taking command of the VA in late July, Secretary Robert McDonald has promised that retaliation against whistleblowers will not be tolerated. Before the House committee 17 SEP McDonald said that in his first two months on the job the agency reinforced a commitment to whistleblower protections and had begun

building a culture that encourages constructive dissent. “I can understand at this moment in time whistleblowers who have been retaliated against are skeptical as to whether I mean what I say or whether I can deliver what I say,” McDonald said. Davis and other whistleblowers interviewed by the AJC say not much has changed under McDonald. In the past year, Davis said he’s been threatened with termination, had his employee records altered illegally, been transferred, had his character defamed, and had his personal medical records released to unauthorized members of management. The senior leaders who have overseen this retaliation are all still in place, he said.

Daphne Ivery, the union president at the Health Eligibility Center, said she has knowledge of 12 investigations at the center conducted by the inspector general’s office in less than two years. She said she laughed when wall flyers appeared recently proclaiming whistleblower rights after rumors circulated that McDonald or his top deputy would visit Atlanta. The flyers were viewed by many as just more show for the new big boss in Washington, she said. As union rep, Ivery observes many of the investigative interviews at the center conducted by the inspector general or other investigative bodies. She said she’s seen managers harass and retaliate against employees after they testify. Some employees face job assignment transfers or are suddenly written up for disciplinary actions after otherwise exemplary performance evaluations.

Employees, she said, know they will likely face retaliation, but they get tired of seeing the system fail veterans while managers fail to correct the problems. “Whistleblowing is not for the faint at heart,” she said. “Once you do, it comes hot and it comes heavy. This is not something you do thinking you’re going to get ticker tape parade. You do it knowing you may lose your livelihood. You do because what’s going on is so egregious you can’t let it go on anymore.” [Source: The Atlanta Journal-Constitution | Brad Schrade | Sept. 25, 2014 ++]